CHOICES Waiver Access to Services

How It Works Today

CHOICES services begin; Case Manager and CSP submit claims using CMS 1500-form to MMIS CHOICES waiver applicant is referred to a case management organization by State or CSP

Applicant chooses a case manager who helps the applicant choose a CSP and needed services

DSS/Economic Assistance informs applicant of eligbility and updates MMIS to accept billing claims

Case manager submits funding request to State to secure waiver funding

The State QIDP team makes an eligbility determination and informs DSS/Economic Assistance

State reviews funding request, identifies/allocates needed funds and informs Case Manager funding is approved

The State receives Level of Care (LOC) and a team of Qualified Intellectual Disability
Professionals (QIDP) including a psychologist and nurse reviews the LOC

Case Manager conducts ICAP,
assists applicant in
completing/compiling
documentation and submits a
Level of Care to the State